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	Docket Number (Optional)			
REISSUE APPLICATION DECLARATION BY THE INVENTOR	00630/000B368-US1			
I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below to believe the inventors named below to be the original and first inventor(s) of the and claimed in patent number 5,704,648, granted Januar release patent is sought on the invention entitled	next to their name. the subject matter which is described y 6, 1998 and for which a			
REMOVABLY REPLACEABLE, READHERABLE LABEL (REISSUE OF U.S.	. PATENT NO. 5,704,648)			
the specification of which				
is attached hereto.  X was filed on October 31, 2001 as reissue application numb and was amended on (if applicable)	рвг10/002,950			
I have reviewed and understand the contents of the above-identified specificat as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), PTO/SB/02B (or equivalent) listing the foreign applications.	or 365(b). Attached is form			
I verily believe the original patent to be wholly or partly inoperative or invalid, for below. (Check all boxes that apply.)	or the reasons described			
by reason of a defective specification or drawing.				
x by reason of the patentee claiming more or less than he had the right to	claim in the patent.			
by reason of other errors.				
At least one error upon which the reissue is based is that we inadvertently claim with respect to independent claims 1 and 38. In independent claim 1, we abel that is wholly or partly inoperative or invalid in view of the prior art because theet of the label has a score extending a predetermined distance from one of poward the other end. In independent claim 38, we claim a medical container to have the prior art because it fails to provide that an elongated sheet eacherable label of the container includes a tab portion that extends from a first end of the sheet.	claimed a removably replaceable e it fails to claim that an elongated a first or second end of the sheet hat is wholly or partly inoperative or of a removable replaceable			

PTO/SB/51 (09-07) Approved for use through 08/31/2010. OMB 0651-0033 U.S. Palem and Tradomark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) 00630/000B368-US1 Every error in the patent which was corrected in the present reissue application, and is not covered by a prior oath/declaration submitted in this application, arose without any deceptive intention on the part of the applicant. Correspondence Address: Direct all communications about the application to: The address associated with Customer Number: X 32801 OR Firm or Individual Name Address Zip City State Country Telephone Email WARNING: Petitioner/applicant is coutloned to avoid submitting personal Information in documents filed in a patent application that may contribute to identity that. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal Information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(3) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are belloved to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first Inventor (given name, family name) Paul A. Brown Date Inventor's signature Citizenship Residence US Olathe, Kansas Mailing Address 11435 W. 146th Street Olathe, Kansas 66062 Full name of second joint inventor (given name, family name) Craig O. Norvell Date Inventor's signature Citizenship Residence US Oakland, California Mailing Address 4309 Dunsmuir Ave Oakland, California 94616 Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.

PTO/SB/02A (07-07)

PTO/SE/DZA (U/-0/)

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Under the Paperwork Roduction Act of 1995, no percons are required to respond to a collection of information unless it contains a valid OMB control number. ADDITIONAL INVENTOR(S) Supplemental Sheet **DECLARATION** Page 1 of 1 A petition has been filled for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Sumeme Given Name (first and middle (if any)) Jorgensen Leroy A. Cate Signature US IA United States of America Humboldt Chizenship Country Residence: City 1908 W. River Dr. Mailing Address: Humboldt, IA 50548 United States of America IA Humboldt Country Zip City State A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Sumame Given Name (first and middle (if any)) Inventor's Date Signature Chizenship State Country Residence: City Malling Adaress: Country Zıp City State A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Femily Name or Sumame Given Name (first and middle (if any)) inventors Signature Date Сэцлігу Calzenship State Residence, City Mailing Addrass: Country Zip City A prilition has been fitted for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Sumame Given Name (first and middle (if any)) Inventor's Signature Octo Country Chizenshis Residence: City Mailing Addresa

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REISSUE APPLICATION DECLARATION BY THE INVENTOR	Docket Number (Optional)					
REISSUE AFFLICATION DECLARATION BY THE INVENTOR	00630/000B368-US1					
I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below next to their name. I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number						
the specification of which						
is attached hereto.  X was filed on October 31, 2001 as reissue application number and was amended on (If applicable)	per10/002,950					
I have reviewed and understand the contents of the above-identified specifica as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability in the proof of the content of the con	ty as defined in 37 CFR 1.56.					
I verily believe the original patent to be wholly or partly inoperative or invalid, below. (Check all boxes that apply.)	for the reasons described					
by reason of a defective specification or drawing.  x by reason of the patentee claiming more or less than he had the right to	o claim in the patent.					
by reason of other errors.	•					
At least one error upon which the reissue is based is that we inadvertently clack claim with respect to independent claims 1 and 38. In independent claim 1, we label that is wholly or partly inoperative or invalid in view of the prior art because sheet of the label has a score extending a predetermined distance from one of toward the other end. In independent claim 38, we claim a medical container invalid in view of the prior art because it falls to provide that an elongated she readherable label of the container includes a tab portion that extends from a first end of the sheet.	e claimed a removably replaceable se it fails to claim that an elongated f a first or second end of the sheet that is wholly or partly inoperative or et of a removable replaceable					

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)  Docket Number (Optional) 00630/000B368-US1							
Every error in the patent which was corrected in the present reissue application, and is not covered by a prior oath/declaration submitted in this application, arose without any deceptive intention on the part of the applicant.							
Correspondence Address: Direct all communications about the application to:							
X The address associated with Customer Number: 32801							
Firm or Individual Name							
Address							
City	State		Zip				
Country							
Telephone	Email						
numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.  Full name of sole or first inventor (given name, family name)							
Inventor's signature		Date		<del></del>			
Residence Citizenship US  Mailing Address 1435 W. 146th Street Diathe, Kansas 66062							
Full name of second joint inventor (given name, family name) Craig O. Norvell							
Inventor's signature	-(/	Date ( /	13/	2009			
Residence Oakland, California Mailing Address 4309 Dunsmuir Ave		Citizenship US					
Oakland, California 94616  X Additional joint inventors or legal representative(s) a	re named on sep	parately numbered sheets forms PT	O/SB/02A o	r 02LR attache	ed hereto.		

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DECLARATION						NTOR(S) pplemental Sheet Page 1 of 1		
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						has been filed for this unsigned inventor		
-	Given Name (first an	d middle (if any	())		7		Family Name or Surname	
	Leroy	A.					Jorgensen	
Inventor's Signature							Date	
Residence: C	lumboldt <sub>ity</sub>	State IA	\	Unite Count		of America	US Citizenship	
Mailing Address:	1908 W. River Dr Humboldt, IA 505							
City	lumboldt	State IA	1	Zip			United States of America Country	
Name of Ac	iditional Joint Invent	or, if any:				A petition	has been filed for this unsigned inventor	
	Given Name (first and	middle (if any	))				Family Name or Surname	
					<u></u>			
Inventor's Signature		·		T			Date	
Residence: Ci	itv	State		Count	Ŋ		Cittzenship	
Mailing Address:	Mailing							
City		State		Zip			Country	
Name of Ad	Iditional Joint Invent	or, if any:			[	A petition	has been filed for this unsigned inventor	
	Given Name (first and	rniddle (if any	))				Family Name or Surname	
Inventor's Signature							Date	
Residence: Ci				Cilizenshlp				
Mailing Address:								
City		State		Zip			Country	
Name of Ad	Name of Additional Joint Inventor, if any:			A petition i	has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Family Name or Sumame								
Inventor's								
Signature					Dale			
Residence: Cit	у	State Country			Citizenship			
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	Docket Number (Optional)
REISSUE APPLICATION DECLARATION BY THE INVENTOR	00630/000B368-US1
reissue patent is sought on the invention entitled	he subject matter which is described y 6, 1998 and for which a
REMOVABLY REPLACEABLE, READHERABLE LABEL (REISSUE OF U.S	. PATENT NO. 5,704,646)
the specification of which is attached hereto.  x was filed on October 31, 2001 as reissue application number.	per10/002,950
and was amended on	
(If applicable)	Ì
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[Page 1 of 2]

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1 '	(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)  00630/000B368-US1  Every error in the patent which was corrected in the present reissue application, and is not covered by a prior							
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Paul A. Br								
Inventor's	signature		Date					
Residence Olathe, Ka			Citizenship US					
Mailing Ad 11435 W. Olethe, Ka	ldress 146th Street Insas 66062							
Full name Craig O. N	of second joint inventor (given name, lorvell	family nar	ne)					
Inventor's	signature		Date					
Residence Oakland, C			Citizenship US					
Mailing Ad 4309 Duns	dress							
X Additi	ional joint inventors or legal representative(s) are	named on sep	parately numbered sheets forms. P	TO/SB/02A or 02LR attach	ad herato.			

Page 2 of 2)

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	DECLARATION  ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1								
Name of Additional Joint Inventor, if any:  A petition has been filed for this unalgued inventor									
						Jorgensen			
Inventor's	COD	111	<del>                                     </del>				<del></del>		
Signature	Koy	<u> 4.</u> Y	ey-	en	and Charles		Date /3 JAN 09		
Residence: (	rumboldt City	State	<u> </u>	Coun		of America	Cistzenship		
Matting Address:	1908 W. River D Humboldt, IA 50	548				·····			
City	Humboldt	State	Α	Zip			United States of America		
Name of A	dditional Joint Inver	itor, if any:				A petition	n has been filed for this unsigned inventor		
	Given Name (first a	nd middle (If an	y))				Family Name or Surname		
					<u> </u>				
Inventor's Signature							Date		
Residence: C	itv	State		Count	rv		Citizenship		
Meiling Address:									
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Name of Ad	iditional Joint Invent	tor, if any:				A petition	has been filed for this unsigned inventor		
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Given Name (first and middle (if any)) Family Name or Surname									
Inventor's Signature		<del></del>					B.,		
·- <del></del>				Date					
Residence: City	L	State	ata Country			Citizenship			
Mailing Address:									
City		Slate		Zip		1	Country		

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